

# SUMMIT CHRISTIAN ACADEMY-NCE Scholarship Application 2017-18



TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Due: April 1, 2017

**Eligibility**

The applicant:

- ✓ Attending Summit Christian Academy for at least **one year**
- ✓ Has GPA of 3.70 or above
- ✓ Is a secondary school student in 2017-18
- ✓ Exemplary behavior

**For Scholarship Committee only:**

\_\_\_\_ Eligible  
\_\_\_\_ Not Eligible

**STUDENT INFORMATION**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Permanent Home \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_  
 Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Grade in school **next** school year:    7    8    9    10    11    12  
 Anticipated date of high school graduation: Month \_\_\_\_\_ Year \_\_\_\_\_

**ACTIVITIES, AWARDS AND HONORS**

List all school activities in which you have participated during the **past year** (e.g., music, sports, etc.). List all community activities in which you have participated without pay during the **past year** (e.g., volunteer, ACSI events, etc). Note all special awards, honors and offices held.

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

**GOALS AND ASPIRATIONS**

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**UNUSUAL CIRCUMSTANCES**

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CERTIFICATION**

Scholarship Committee has the sole responsibility for selecting recipients based on criteria as set forth in the program guidelines. This application becomes the property of Summit Christian Academy Scholarship Program.

*I understand that scholarship may be granted for one year only and is revised after 1<sup>st</sup> semester. The minimum amount is \$250 per semester, maximum is \$500 per year. I understand that I may lose eligibility for scholarship if I will be placed on behavior probation and if my GPA for 1<sup>st</sup> semester will be lower than 3.70 I understand that I should maintain the exemplarily behavior.*

*I acknowledge decisions of Scholarship are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. I understand that Scholarship Application fee of \$25 is not refundable.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_